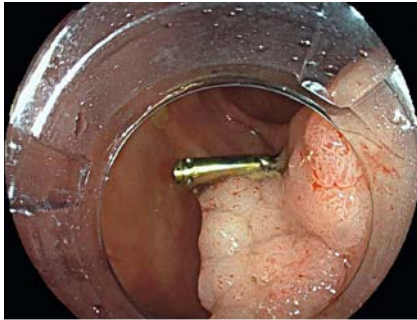


## Multitraction with a single rubber band and clips: a simple tip for endoscopic submucosal dissection of a recurrent lesion with previous clip

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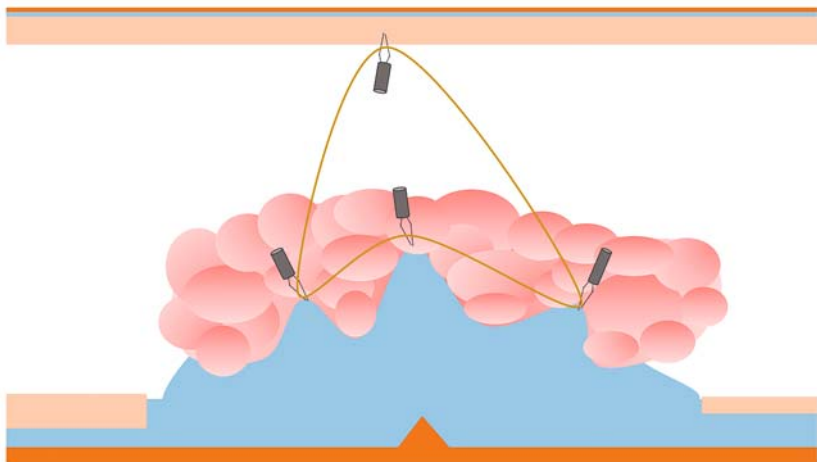
► **Fig. 1** Granular laterally spreading tumor with previously placed clip.

Endoscopic submucosal dissection (ESD) with double-clip traction (DCT) with a rubber band and two clips allows excellent en bloc and curative resection rates and is probably the cheapest traction system available [1]. Incomplete previous resection or recurrence is associated with a higher piecemeal resection rate [2] and severe fibrosis is an independent predictor of perforation [3]. DCT is also safe and effective in these settings [4]. Multi-polar traction has been reported to improve the visualization of the submucosa with four peripheral rubber bands fixed with four clips on the edges and attached to a central band that is fixed on the opposite wall with a fifth clip [5]. This is effective but requires some time to set up the device, which can be difficult to advance up through a thin operative channel.

We report the case of a 63-year-old woman with a partially resected cecal granular laterally spreading tumor (LST) and a clip placement, referred for ESD. Initial evaluation showed a 50×40-mm granular LST with a retractive aspect on a fold and persistence of the clip, without signs submucosal invasion (► **Fig. 1**). After submucosal injection of glycerol mixed with indigo carmine, circumferential incision, and trimming of the edges, a first clip with a rubber band attached was intro-



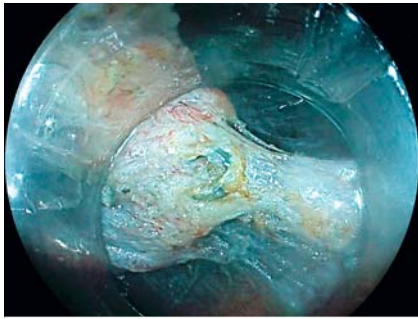
► **Video 1** Multitraction with a single rubber band and clips: a simple tip for endoscopic submucosal dissection of a recurrent lesion with previous clip.



► **Fig. 2** Placement of multitraction with a single rubber band.

duced into the scope and fixed to the medial part of the anal side of the lesion (► **Video 1**). Then two other clips were placed on either side of the first one, also gasping the elastic. Finally, the elastic was caught with a fourth clip and fixed on the opposite wall (► **Fig. 2**). This simple strategy allowed even better exposure of the

submucosa, in particular in the lateral edges of the lesions, and sufficient view under the previous clip (► **Fig. 3**), which was the site of intense fibrosis, to achieve en bloc resection of the lesion without any perforation. After resection, the fold was almost erased.



► **Fig. 3** View under the previously placed clip.

Multitraction with a single rubber band is a cheap and easy-to-use technique that could help to expose lateral edges of submucosa even better in challenging cases of ESD like recurrent lesions.

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### Competing interests

The authors declare that they have no conflict of interest.

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